

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 1 OF 4  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00624817         </div>	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 02 / 2016</div> </div>		
Mailing Address 1125 17TH ST NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">12687.32</div>		
City WASHINGTON	State DC	Zip Code 20036	<b>Transaction ID : SE.4854</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 02 / 2016</div> </div>		
Purpose of Expenditure Canvassing Salary & Benefits		Category/ Type 001	Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">402611.68</div>	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016			<input type="checkbox"/> Other (specify) ►		

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>			Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 02 / 2016</div> </div>		
Mailing Address 1125 17TH ST NW			Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">1636.27</div>		
City WASHINGTON	State DC	Zip Code 20036	<b>Transaction ID : SE.4855</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 11 / 02 / 2016</div> </div>		
Purpose of Expenditure Canvassing Salary & Benefits		Category/ Type 001	Name of Federal Candidate HASSAN, MARGARET WOOD, ,		
Calendar Year-To-Date Per Election for Office Sought		<div style="border: 1px solid black; padding: 2px; display: inline-block;">13573.92</div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016			<input type="checkbox"/> Other (specify) ►		

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;">14323.59</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

HICKEY, BRIAN, E, Mr.,

[Electronically Filed]

Date

MM / DD / YYYY  
11 / 03 / 2016

Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 2 OF 4  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>
Mailing Address <b>1125 17TH ST NW</b>		Amount <b>2015.37</b>
City <b>WASHINGTON</b>	State <b>DC</b>	Zip Code <b>20036</b>
Purpose of Expenditure Canvassing Salary & Benefits	Category/Type <b>001</b>	Transaction ID : <b>SE.4856</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>
Name of Federal Candidate <b>DRISKELL, GRETCHEN, , ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought <b>16394.11</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>LANDMARK STRATEGIES</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>
Mailing Address <b>8741 CENTER RD</b>		Amount <b>2980.13</b>
City <b>SPRINGFIELD</b>	State <b>VA</b>	Zip Code <b>22152</b>
Purpose of Expenditure Live Calls	Category/Type <b>004</b>	Transaction ID : <b>SE.4857</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>
Name of Federal Candidate <b>CLINTON, HILLARY, RODHAM, ,</b>	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <b>405591.81</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....▶	<b>4995.50</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....▶	
(c) <b>TOTAL</b> Independent Expenditures.....▶	

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HICKEY, BRIAN, E, Mr.,

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Date

MM / DD / YYYY  
**11 / 03 / 2016**

Signature

NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> <b>C00624817</b>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <input type="text" value="MM / DD / YYYY"/>

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination <div> <div>MM / DD / YYYY</div> <div>11 / 02 / 2016</div> </div>	
Mailing Address 2120 L Street, NW, #305.		Amount <div> <div></div> <div>106.44</div> </div>	
City Washington	State DC	Zip Code 20037	<b>Transaction ID : SE.4858</b> Date of Disbursement or Obligation <div> <div>MM / DD / YYYY</div> <div>11 / 02 / 2016</div> </div>
Purpose of Expenditure Door Hangers	Category/ Type	004	
Name of Federal Candidate DRISKELL, GRETCHEN, , ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House    District: <u>07</u> <input type="checkbox"/> State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>16500.55</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 02 / 2016</div> </div>	
Mailing Address    2120 L Street, NW, #305.		Amount <div> <div></div> <div>106.44</div> </div>	
City Washington	State DC	Zip Code 20037	<b>Transaction ID : SE.4859</b> Date of Disbursement or Obligation <div> <div>M M / D D / Y Y Y Y</div> <div>11 / 02 / 2016</div> </div>
Purpose of Expenditure Door Hangers	Category/ Type	004	
Name of Federal Candidate HASSAN, MARGARET WOOD, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate    State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought	<div> <div></div> <div>13680.36</div> </div>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ►

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	212.88
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures .....	▶	
(c) <b>TOTAL</b> Independent Expenditures.....	▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
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NAME OF COMMITTEE (In Full) <b>EARN INTERNATIONAL UNION OF OPERATING ENGINEERS</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00624817
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on

Full Name of Payee <b>THOMPSON RYER</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>11 / 02 / 2016</b>
Mailing Address 2120 L Street, NW, #305.		Amount <b>740.69</b>
City Washington	State DC	Zip Code 20037
Purpose of Expenditure Door Hangers	Category/ Type <b>004</b>	Transaction ID : <b>SE.4860</b> Date of Disbursement or Obligation MM / DD / YYYY <b>11 / 02 / 2016</b>
Name of Federal Candidate CLINTON, HILLARY, RODHAM, ,	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	<b>406332.50</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>740.69</b>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<b>20272.66</b>

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HICKEY, BRIAN, E, Mr.,

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